

1256

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Co. Reg. No. 239

(This return should preferably be made  
by the person who made the original.)

## SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. 215

Place of Birth Globe, Arizona County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number* in order of birth
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DATE OF BIRTH\* Aug. 9 1914  
(Month) (Day) (Year)FULL\* FATHER  
NAME Elmo NorthFULL\* MOTHER  
MAIDEN NAME Mary Etta MentaI HEREBY CERTIFY that the child described herein has  
been namedLois Olive Blanche North  
(Given name in full) (Surname)Mrs Elmo North  
(Father's or Mother's Signature)Deceased  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

359-809-441

COPIES OF THIS REPORT ARE TO BE  
 DESTROYED AFTER THE REPORT HAS  
 BEEN FILED IN THE BUREAU OF  
 VITAL STATISTICS.